

Medi-Cal Health Care Program Update

"To Enrich Lives Through Effective and Caring Service"

JULY-AUGUST 2009

New Deficit Reduction Act (DRA) Changes for U.S. Citizen Applicants

There are federal and state changes to the DRA citizenship and identity verification requirements that impact Medi-Cal applicants who declare U.S. citizenship. Previously, an applicant who declared U.S. citizenship could not be approved for Medi-Cal until proof of citizenship and identity was provided. A person who was making a good faith effort to get documents to prove their citizenship and/or identity was allowed a reasonable opportunity period to provide the proof. An applicant either remained pending during the reasonable opportunity period **or** was approved for restricted benefits if the reasonable opportunity period ended because documents were not provided.

With the new change in the DRA requirements, an otherwise eligible Medi-Cal applicant who declares U.S. citizen/national status must be approved for **full scope** benefits and given a reasonable opportunity period to get the required proof. The person must still make a good faith effort to get original or certified copies of original documents as proof of their citizenship and identity.

Effective immediately, staff must not approve restricted benefits for an otherwise eligible U.S. citizen applicant who is trying to get proof required by the DRA. Instructions for approving full scope benefits for otherwise eligible U.S. citizen applicants will soon be released.

SG

PROCESSING DRA DOCUMENTS FOR THE BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP)

It is important that staff forward the BCCTP DRA documents to the DRA Medi-Cal Outreach Manager in a timely manner.

Eligibility staff and the District DRA Liaison each have **48 hours** to process the BCCTP DRA documents received from individuals and forward them on to the DRA Medi-Cal Outreach Manager.

Processing these documents in a timely manner ensures that individuals continue with their treatment and maintain federal BCCTP eligibility without undue hardship.

Source: Administrative 4671 SUPP. I, dated 2/24/09, ACWDL No. 08-25, dated 08/1/08 and ACWDL No. 07-12, dated 6/4/07

CMA

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PUBLISHED BY:

Department of Public Social Services

Bureau of Program and Policy

Medi-Cal Program Section





Persons Exempt From the Deficit Reduction Act (DRA)

This is to remind staff that certain U.S. citizens/nationals are exempt from the DRA requirements and do not need to provide evidence of citizenship and identity in order to receive full scope Medi-Cal benefits. When confirmed information supports exemption from DRA, the exempt individual must not be asked to provide documents in order to receive or continue to receive full scope benefits. Exempt individuals include the following:



Confirmed Medicare recipient



Confirmed Social Security disability recipient



Persons eligible under the Foster Care or Adoptions Assistance Program



Former Foster Care Children (in aid code 4M)



CalWORKs recipients



Deemed eligible infants



Minor Consent recipients

Staff should recognize certain exempt individuals based on evidence gathered during the application/redetermination review. This would include, but is not limited to, proof of receiving Medicare or Social Security disability. When evidence of an exempt status is provided, staff must not request citizenship and/or identity verification for DRA. Additionally, when an individual provides evidence that he/she is receiving benefits that establish exemption from DRA, staff should complete all appropriate LEADER screens with the information. LEADER will automatically display the exemption in Eligibility Summary after running EDBC/SFU.

SG

Receiving Inter-County Transfers

Inter-County Transfers (ICT) shall be completed no later than the first of the month after the 30 day ICT notification from the Sending County. The beneficiary shall not be required to complete a new application. The Eligibility Worker (EW) shall not conduct a full eligibility review until the next annual redetermination date unless there is a change in circumstances that affects Medi-Cal eligibility.

Upon receipt of the ICT packet, designated receiving ICT worker must:



Review the ICT packet for completeness



Verify the beneficiary's current address and active Medi-Cal status on MEDS



Review case documents and open LEADER case



Contact the Sending County if there are questions or missing documents regarding the ICT



Update MEDS records for each family member to reflect County code 19 (EW05)



Reset the redetermination due date on LEADER to 12 months from the most recent redetermination in the Sending County



Notify the Sending County of the effective date of approval via e-mail or telephone



Verify LEADER issuance of the MC 359 R Notice of Action; a manual Notice of Action must be mailed to the beneficiary if LEADER fails to generate one



Update Case Comments



The Eligibility Worker **must not delay** processing the ICT while waiting for additional information from the Sending County and must make every effort to contact the Sending County, **not the beneficiary**, for additional information.

* Sending County caseworker information is listed on MC 360.

Reference: Administrative Directive 4449

CF

Request to Evaluate Presumptive Disability

Staff can approve Medi-Cal benefits under Presumptive Disability (PD) for certain applicants who claimed disability and whose medical condition is listed on the PD Impairment Categories List. This allows them to receive immediate Medi-Cal coverage while their disability case continues through the disability evaluation process for a formal disability determination. The applicant's impairment must exactly match one of the conditions listed on the PD Impairment Categories List.

However, there might be instances in which a Medi-Cal applicant needs immediate medical care because of a life threatening condition and the condition is not included in the PD Categories List. In these instances, a request to the State Programs-Disability Determination Service Division (SP-DDSD) to evaluate for PD must be submitted. For example, when a Medi-Cal applicant who suffers from severe diabetes requires a below the knee amputation because of gangrene caused by poor circulation, a PD request must be faxed to SP-DDSD without delay.

In a recent meeting with SP-DDSD, Medi-Cal Program Section was informed that some District Offices are sending inappropriate referrals requesting to evaluate for Presumptive Disability. In some cases staff documented that the reason for the PD request was that the applicant's authorized representative was very adamant and insisted on the PD evaluation. In some other cases, the reason for the referral was that the applicant had outstanding hospital bills, and in some others, that the applicant was deceased. PD referrals should only be made when the situation on the case meets the PD requirements.

Processing inappropriate PD referrals takes a lot of time and effort; therefore, SP-DDSD is requesting the County's cooperation in ensuring the disability packets are complete and only appropriate PD referrals are submitted.

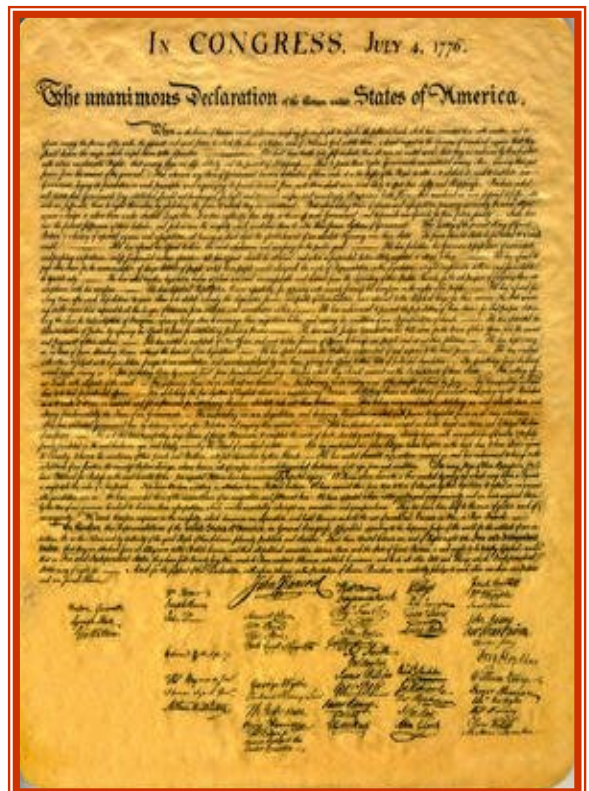
RV

SOURCE: MEPM 22C-3

Important: Absent/Unwed Parent Screens

Child Support Services Division (CSSD) is no longer accepting paper copies of medical support enforcement (MSE) documents from eligibility staff. Instead, CSSD will only be receiving electronic MSE referrals. Therefore, districts are reminded to take special care to accurately and thoroughly update the LEADER Absent/Unwed Parent Screens as these screens are used to generate electronic MSE referrals. Please use the information written on the MSE documents completed and signed by the applicants/beneficiaries to update the Absent/Unwed Parent Screens. The signed MSE documents will continue to be permanently retained in the active case record; however, eligibility staff must not forward the paper copies to CSSD co-located staff or to the CSSD Central Intake unit.

TB





Federal Poverty Level Program for the Blind

A new Medi-Cal program called the Federal Poverty Level Program for the Blind (FPLB) became effective on July 1, 2009. The State created this new program to ensure funds available under the increased Federal Medical Assistance Percentage (FMAP) of the American Recovery and Reinvestment Act (ARRA) of 2009 are received. The FPLB provides no cost Medi-Cal benefits to blind individuals whose net countable income is at or below 100 percent of the Federal Poverty Level and are otherwise eligible.

The FPLB follows the same eligibility criteria and offers the same benefits as the Aged & Disabled Federal Poverty Level (A&D FPL) program, except that linkage is based on blindness rather than on age or disability. Medi-Cal Program will be releasing further instructions about the implementation of the FPLB.

SOURCE: ACWDL 09-28, dated 06/17/09

RV







Let's Save County Dollars!



Prevent IPW Cases from Becoming IHSS Residual Cases

When an IPW case becomes an IHSS Residual case, it loses federal funding and results in increased County costs. An IPW case turns into an IHSS Residual case when the IHSS recipient becomes Medi-Cal ineligible or the Medi-Cal case becomes inactive. Any discrepancy between CMIPS, LEADER and MEDS systems that creates a MEDS alert also puts the case in a Residual case status.

In order to prevent Residual cases from occurring, IPW Eligibility Workers are being reminded to:

-  Report the Medi-Cal termination or rescission to the IHSS Social Workers by the first work day following the Medi-Cal termination or rescission date or earlier by completing and faxing an IHSS Plus Waiver Exchange of Information, IPW-2 form, to the appropriate IHSS IPW Liaison.
-  Correct and rescind within 30 days following the termination date any erroneous terminations.
-  Resolve with IHSS staff any discrepancies found between LEADER, MEDS, and CMIPS to ensure timely resolution and completion of MEDS Alerts.
-  Request assistance from Social Workers in reminding IHSS recipients to complete and return the Medi-Cal redetermination form by the due date.

It is crucial that the communication between IHSS staff and BWS staff is efficiently maintained in order to ensure the prompt exchange of eligibility information to prevent Residual cases.

EM